

## **Application Data Sheet**

### **Application Information**

Application Number::

Filing Date:: March 31, 2004

Application Type:: New

Subject Matter:: Utility

Suggested Classification::

Suggested Group Art Unit::

CD-ROM or CD-R?:: None

Number of CD disks:: None

Number of copies of CDs:: None

Sequence submission?:: None

Title:: Telescoping Blade Assembly and Instruments for Adjusting an Adjustable  
Blade

Attorney Docket Number:: DEP5291

Request for Early Publication?:: No

Request for Non-Publication?:: No

Suggested Drawing Figure:: 1

Total Drawing Sheets:: 28

Small Entity:: No

Licensed US Govt. Agency:: No

Contract or Grant Numbers:: No

Secrecy Order in Parent Appl.: No

### **Applicant Information**

Applicant Authority type:: Inventor

Primary Citizenship Country:: USA

Status:: Full Capacity

Given Name:: Connie

Middle Name::

Family Name:: Marchek

Name Suffix::  
City of Residence:: Foxborough  
State or Province of Residence:: MA  
Country of Residence:: USA  
Street of mailing address:: Hillcrest Road  
City of mailing address:: Foxborough  
State or Province of mailing address:: MA  
Country of mailing address:: USA  
Postal or Zip Code of mailing address:: 02035

### **Applicant Information**

Applicant Authority type:: Inventor  
Primary Citizenship Country:: USA  
Status:: Full Capacity  
Given Name:: Thomas  
Middle Name:: W  
Family Name:: Higginbotham  
Name Suffix::  
City of Residence:: Independence  
State or Province of Residence:: MO  
Country of Residence:: USA  
Street of mailing address:: South Hocker  
City of mailing address:: Independence  
State or Province of mailing address:: MO  
Country of mailing address:: USA  
Postal or Zip Code of mailing address:: 64055

### **Applicant Information**

Applicant Authority type:: Inventor  
Primary Citizenship Country:: USA  
Status:: Full Capacity

Given Name:: Douglas  
Middle Name::  
Family Name:: Raymond  
Name Suffix::  
City of Residence:: Quincy  
State or Province of Residence:: MA  
Country of Residence:: USA  
Street of mailing address:: Taber St  
City of mailing address:: Quincy  
State or Province of mailing address:: MA  
Country of mailing address:: USA  
Postal or Zip Code of mailing address:: 02169

#### **Applicant Information**

Applicant Authority type:: Inventor  
Primary Citizenship Country:: USA  
Status:: Full Capacity  
Given Name:: Michael  
Middle Name::  
Family Name:: Mahoney  
Name Suffix::  
City of Residence:: Middletown  
State or Province of Residence:: RI  
Country of Residence:: USA  
Street of mailing address:: Gae St  
City of mailing address:: USA  
State or Province of mailing address:: RI  
Country of mailing address:: USA  
Postal or Zip Code of mailing address: 02842

**Applicant Information**

Applicant Authority type:: Inventor  
Primary Citizenship Country:: USA  
Status:: Full Capacity  
Given Name:: William  
Middle Name:: J  
Family Name:: Frasier  
Name Suffix::  
City of Residence:: New Bedford  
State or Province of Residence:: MA  
Country of Residence:: USA  
Street of mailing address:: Tarkin Hill Rd  
City of mailing address:: New Bedford  
State or Province of mailing address:: MA  
Country of mailing address:: USA  
Postal or Zip Code of mailing address:: 02745

**Applicant Information**

Applicant Authority type:: Inventor  
Primary Citizenship Country:: USA  
Status:: Full Capacity  
Given Name:: Anthony  
Middle Name:: R.  
Family Name:: Carlone  
Name Suffix::  
City of Residence:: Bristol  
State or Province of Residence:: RI  
Country of Residence:: USA  
Street of mailing address:: Naomi St  
City of mailing address:: Bristol  
State or Province of mailing address:: RI

Country of mailing address:: USA  
Postal or Zip Code of mailing address:: 02809

**Applicant Information**

Applicant Authority type:: Inventor  
Primary Citizenship Country:: USA  
Status:: Full Capacity  
Given Name:: Paul  
Middle Name::  
Family Name:: Maguire  
Name Suffix::  
City of Residence:: Hope Valley  
State or Province of Residence:: RI  
Country of Residence:: USA  
Street of mailing address:: Frances Barber Dr.  
City of mailing address:: Hope Valley  
State or Province of mailing address:: RI  
Country of mailing address:: USA  
Postal or Zip Code of mailing address:: 02832

**Correspondence Information**

Correspondence Customer Number:: 27777

**Representative Information**

Representative Customer Number::	27777
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**Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
<b>This Application</b>	<b>An application claiming the benefit under 35 USC 119(e)</b>	<b>60/530,565</b>	<b>12/18/03</b>

**Foreign Priority Information**

Country::	Application Number::	Filing Date::	Priority Claimed::

**Assignee Information**

Assignee Name:: DePuy Spine, Inc.

Street of mailing address:: Paramount Drive

City of mailing address:: Raynham

State or Province of mailing address:: MA

Country of mailing address:: USA

Postal or Zip Code of mailing address:: 02767

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